MAY-14-1999 13:29 LOUISIANA ETHICS LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

Postmark Date: 5:28 44

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Instructions .

- · Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 840] United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

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2 BU	SINESS	(00,72 (to 5)	(504) 821-2	First 2506		MI		KSI	s ek.a	ee'd bi	13- 19 1
3. BU	SINESS	ADDRESS :	329 South I	orgenois St	rect Ne Lity	v Orleans Same	, LĄ	70119 Zip			
. EM	PLOYE	R New Or:	teans fire	Asan.							
5. EM	PLÓYEI	R'S ADDRESS	329 South	Dorgenois	St. New Clay	Orleans,	LA State	70119	Zip		
7. Lts:	F BELO	W (e) Nemes of	persons, group ion listed; (c) th	ectivities requiri s, or organization c type of busines cone else pays y	s which you seech is en	are adding o	ur elimin He pumo	No	the addre	oreanies	ı such ition or
1.	Name	Louisia	a AFL-CIO	770				(s	25 		
	Addres	3 429 Gove	rnment Str	eet Baton	Rouge, L	A70805					
	Busine	ss ог ригро <u>ке</u>	Labor								
		low Representat Does th	ion s person pay ye	n?_No	22	25					
	If No	, who pays you	N/A		200	125	86				
	П т	ettninated Repr	sentation as of		na-yenay					,	

SUPPLEMENTAL REGISTRATION FORM



2. ì	Name Entergy
7	Address P.O. Box 61000 New Drleans, J.A 70161
E	dusiness or purpose Utility Business
t	New Representation Does this person pay you? Yes
I	f No, who pays you?
[Terminated Representation as of
3. N	Rame_ Guild, Inc. (Jockey)
	ddrts 250 West Main Street Lexington, KY 40507
£	Mainess or purpose Voluntary Assn.
22	New Representation
	Does this person pay you? Yes
1	No, who pays you?
C	Terminated Representation as of
State	of
	n of
Befor	e me, the undersigned authority, personally came and appeared, who,
after	being duly aworn by me, did declare and acknowledge to me that the above statements are true and correct.
	no A arrest
	Signature of Lobbyist
Swon	n to and subscribed before me on this 2 8 day of Man 1999.
	Clara . Hals To
Rev. B	Notary Public

LOBBYING SUPPLEMENTAL REGISTRATION FORM

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requiring registre	loyers or those you sepr tion. It must be submit r representations.	esent or if you crase a ted within 10 days of	ill activities any terminations	99	- FR.	
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L. NAME			225	72		
Lest		Pirst	,	va.		
2. Business Phone			3 8	8.88	·	
3. BUSINESS ADDRE	SS					
	Street and No.	City	Brace	Zip	(c - 3/2)	
. EMPLOYER		120729 K	3/8			
s. Employer's add	RESS					
	Street as	ıd No.	Clty	State	Zlμ	
5. Have you ceased or to	empinated all lobbying	octivities requiring reg	sistration? Yes_	No		
group; (d) whether (ganization listed; (c) the or not the client or some	s type of business eac cone else pays you to	h is engaged in or	the purpose or fi	inttion of the ore	Feach such anization or
1. Name <u>la.</u>	Trial Lawyers As	ssn	2		5 X	
Address 44	2 Europe St. Be	ton kouge, LA	70821	,		
Business or pur	poseVoluntary	Bar Associatio	n	0.000		
New Repo	resemaniem Does this parson pay ye	u? <u>γes</u>	- 24			
If No, who pa	ys you?					
Tenninate	d Representation as of					20

SUPPLEMENTAL REGISTRATION FORM



2.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
3.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
Sta	ate of
Pa	rish of
	fore me, the undersigned authority, personally came and appeared, who,
afte	er being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.
	Signature of Lobbyist
Sw	orn to and subscribed before me on this day of, 19
	Notery Public
Rei	Notery Public